

FORM LM-3 LABOR ORGANIZATION ANNUAL REPORT

FOR USE BY LABOR ORGANIZATIONS WITH LESS THAN \$200,000 IN TOTAL ANNUAL RECEIPTS

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

<div>For Official Use Only Received OCT 4 2000 B U.S. DEPT. OF LABOR</div>	1. FILE NUMBER <u>023-582</u>	2. PERIOD COVERED MO DAY YEAR From <u>07</u> <u>01</u> <u>1999</u> Through <u>06</u> <u>30</u> <u>2000</u>	3. (a) AMENDED — If this is an amended report correcting a previously filed report, check here: <input type="checkbox"/> (b) TERMINAL — If your organization ceased to exist and this is its terminal report, see Section XII of the instructions and check here: <input type="checkbox"/> (c) SUBSIDIARY — If this is a report for a subsidiary organization of your union as defined in Section X of the instructions, check here: <input type="checkbox"/>
	IMPORTANT Peel off the address label from the back of the package and place it here. If the label information is correct, leave Items 4 through 8 blank. If any of the label information is incorrect, complete Items 4 through 8.		
4. AFFILIATION OR ORGANIZATION NAME <u>U.B.C.J.A. MILLWRIGHTS AND PILEDRIVERS</u>		8. MAILING ADDRESS (Type or print in capital letters.) First Name <u>RICHARD</u> Last Name <u>DELUCA</u> P.O. Box • Building and Room Number (if any) Number and Street <u>495 MANSFIELD AVENUE</u> City <u>PITTSBURGH</u> State <u>PA</u> ZIP Code + 4 <u>15205</u>	
5. DESIGNATION (Local, Lodge, etc.) <u>LOCAL</u>	6. DESIGNATION NUMBER <u>2235</u>		
7. UNIT NAME (if any)			
9. Are your organization's records kept at its mailing address? (If "No," provide address in Item 56.) Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
56. ADDITIONAL INFORMATION (If more space is needed, attach additional pages properly identified.) Item Number <u>14.</u> <u>McELHANEY AND DICLAUDIO, P.C.</u>			
Each of the undersigned, duly authorized officers of the above labor organization, declares, under the applicable penalties of law, that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See Section VI on penalties in the instructions.)			
57. SIGNED: <u>James B. (Coughlin)</u> <u>9/27/2000</u> (412) <u>831-9232</u> Date Telephone Number		58. SIGNED: <u>Richard DeLuca</u> <u>9/27/00</u> (412) <u>635-7137</u> Date Telephone Number	
PRESIDENT (If other title, see instructions.)		TREASURER (If other title, see instructions.)	

During the Reporting Period Did Your Organization:

- | | Yes | No |
|--|-----|----|
| 10. Have a "subsidiary organization" as defined in Section X of the instructions? | | X |
| 11. Create or participate in the administration of a trust or other fund or organization, as defined in the instructions, which provides benefits for members or their beneficiaries? | | X |
| 12. Have a political action committee (PAC) fund? | | X |
| 13. Acquire or dispose of any goods or property in any manner other than by purchase or sale? | | X |
| 14. Have an audit or review of its books and records by an outside accountant or by a parent body auditor/representative? | X | |
| 15. Discover any loss or shortage of funds or other property?
(Answer "Yes" even if there has been repayment or recovery.) | | X |
| 16. Have any officer who was paid \$10,000 or more by your organization and also received \$10,000 or more as an officer or employee of another labor organization or of an employee benefit plan? | | X |
| 17. Pay any employee salary, allowances, and other expenses which, together with any payments from affiliates, totaled more than \$10,000? | | X |
| 18. Have loans totaling more than \$250 to any officer, employee, or member, or make any loans to a business enterprise? | | X |

(If the answer to any of the above questions is "Yes," provide details in Item 56 on page 1 as explained in the instructions for each item.)

19. How many members did your organization have at the end of the reporting period? 432
20. What is the maximum amount recoverable under your organization's fidelity bond for a loss caused by any officer or employee of your organization? \$ 60000
21. During the reporting period, did your organization have any changes in its constitution and bylaws (other than rates of dues and fees) or in practices/procedures listed in the instructions? Yes No
(If the constitution and bylaws have changed, attach two new dated copies. If practices/procedures have changed, see the instructions.) X
22. What is the date of your organization's next regular election of officers? MO YEAR
06 2003
23. What are your organization's rates of dues and fees?
(Enter a minimum and maximum if more than one rate applies for any line.)

Rates of Dues and Fees	
(a) Regular Dues/Fees	\$ <u>MIN \$6.00 MAX \$16.00</u> per <u>MONTH</u> (Month, Year, etc.)
(b) Initiation Fees	\$ <u>30.00 MIN \$180.00 MAX</u>
(c) Transfer Fees	\$ <u>N/A</u>
(d) Work Permits	\$ <u>N/A</u> per _____ (Month, Year, etc.)

24. ALL OFFICERS AND DISBURSEMENTS TO OFFICERS

Enter Amounts in Dollars Only — Do Not Enter Cents

FILE NUMBER: 023-582

(A) Name (List all persons who held office during the reporting period even if they received no salary or other disbursements. Use all capital letters.)		Gross Salary (before taxes and other deductions) (D)	Allowances and Other Disbursements (E)	Total (F)
(B) Title (Enter title of officer, such as PRESIDENT or TREASURER.)	Status (C)*			
1. KEMPTON Title: PRESIDENT	JAMES Status: C	810	1875	2685
2. BRUNO Title: VICE PRESIDENT	MICHAEL Status: C	490	0	490
3. MULLEN Title: FINANCIAL SECRETARY	THOMAS Status: C	3,620	0	3620
4. GRAZIANI Title: RECORDING SECRETARY	THOMAS Status: C	2380	0	2380
5. DELUCA Title: TREASURER	RICHARD Status: C	2,665	0	2665
6. DOMINICK Title: TRUSTEE	JOHN Status: C	525	0	525
7. WELTY Title: TRUSTEE	ROBERT Status: C	440	0	440
8. Totals from additional pages (if any)		3,563	8,420	11,983
9. Totals of Lines 1 through 8		14,493	10,295	24,788
		10. Less Deductions 0		
Enter the Total from Line 11 in Item 45 ⇨		11. Net Disbursements 24788		

*Code for Status (C): past officer — P; continuing officer — C; new officer during the reporting period — N.

(If any officer was not elected at a regular election in accordance with your organization's constitution and bylaws, explain in Item 56 on page 1.)

Enter Amounts in Dollars Only — Do Not Enter Cents

FILE NUMBER: 023-582

STATEMENT A ASSETS AND LIABILITIES	ASSETS	Start of Reporting Period (A)	End of Reporting Period (B)	LIABILITIES	Start of Reporting Period (C)	End of Reporting Period (D)
	Item			Item		
	25. Cash	104006	91817	32. Accounts Payable	0	0
	26. Loans Receivable	0	0	33. Loans Payable	0	0
	27. U.S. Treasury Securities	0	0	34. Mortgages Payable	0	0
	28. Investments	328206	350894	35. Other Liabilities	0	0
	29. Fixed Assets	0	0	36. TOTAL LIABILITIES	0	0
	30. Other Assets	4823	1019	37. NET ASSETS (Item 31 less Item 36).....	437035	443730
	31. TOTAL ASSETS.....	437035	443730			

STATEMENT B RECEIPTS AND DISBURSEMENTS	CASH RECEIPTS	AMOUNT	CASH DISBURSEMENTS	AMOUNT
	Item		Item	
	38. Dues	84957	45. To Officers (from Item 24)	24788
	39. Per Capita Tax	0	46. To Employees (less deductions)	0
	40. Fees, Fines, Assessments & Work Permits	0	47. Per Capita Tax	39996
	41. Interest & Dividends	33291	48. Office & Administrative Expense	3005
	42. Sale of Investments & Fixed Assets	38757	49. Professional Fees	1850
	43. Other Receipts	0	50. Benefits	0
	44. TOTAL RECEIPTS	157005	51. Contributions, Gifts & Grants	275
	If total receipts reported in Item 44 are \$200,000 or more, your organization must file Form LM-2 instead of this form.		52. Purchase of Investments & Fixed Assets	64615
			53. Loans Made	0
			54. Other Disbursements	34665
			55. TOTAL DISBURSEMENTS	169194

ORGANIZATION NAME:
U.B.E.J.A. MILLWRIGHTS AND PILE DRIVERS LOCAL 2235
 ENDING DATE OF PERIOD COVERED:
06/30/2000

FILE NUMBER: 023-582

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24. ALL OFFICERS AND DISBURSEMENTS TO OFFICERS (continued)

(A) Name (List all persons who held office during the reporting period even if they received no salary or other disbursements. Use all capital letters.)		Gross Salary (before taxes and other deductions) (D)	Allowances and Other Disbursements (E)	Total (F)
(B) Title (Enter title of officer, such as PRESIDENT or TREASURER.)	Status (C)			
Last Name <u>FLAUS</u> Title <u>TRUSTEE</u>	First Name <u>JEFFREY</u> Status <u>C</u>	<u>565</u>	<u>4210</u>	<u>4775</u>
Last Name <u>PANZA</u> Title <u>CONDUCTOR</u>	First Name <u>EDWARD</u> Status <u>C</u>	<u>620</u>	<u>0</u>	<u>620</u>
Last Name <u>MEDVITZ</u> Title <u>WARDEN</u>	First Name <u>DAVID</u> Status <u>C</u>	<u>320</u>	<u>0</u>	<u>320</u>
Last Name <u>DOMINICK</u> Title <u>DELEGATE</u>	First Name <u>EDWARD</u> Status <u>C</u>	<u>700</u>	<u>4210</u>	<u>4910</u>
Last Name <u>WINTER</u> Title <u>DELEGATE</u>	First Name <u>WILLIAM</u> Status <u>C</u>	<u>440</u>	<u>0</u>	<u>440</u>
Last Name <u>MACK</u> Title <u>DELEGATE</u>	First Name <u>JEFFREY</u> Status <u>C</u>	<u>240</u>	<u>0</u>	<u>240</u>
Last Name <u>GINOCCHI</u> Title <u>DELEGATE</u>	First Name <u>THOMAS</u> Status <u>C</u>	<u>240</u>	<u>0</u>	<u>240</u>
Last Name <u>VARIOUS</u> Title <u>TEMPORARY OFFICERS</u>	First Name Status <u>C</u>	<u>438</u>	<u>0</u>	<u>438</u>
Totals		<u>3,563</u>	<u>8,420</u>	<u>11,983</u>

ORGANIZATION NAME: _____

ENDING DATE OF PERIOD COVERED: _____

FILE NUMBER: _____

PAGE ____ OF ____ ADDITIONAL PAGES

24. ALL OFFICERS AND DISBURSEMENTS TO OFFICERS *(continued)*

(A) Name <i>(List all persons who held office during the reporting period even if they received no salary or other disbursements. Use all capital letters.)</i>		Gross Salary (before taxes and other deductions) (D)	Allowances and Other Disbursements (E)	Total (F)
(B) Title <i>(Enter title of officer, such as PRESIDENT or TREASURER.)</i>	Status (C)			
Last Name	First Name			
Title	Status			
Last Name	First Name			
Title	Status			
Last Name	First Name			
Title	Status			
Last Name	First Name			
Title	Status			
Last Name	First Name			
Title	Status			
Last Name	First Name			
Title	Status			
Totals				